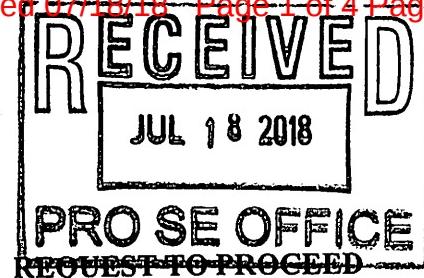


rev. 7/08

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

X



MAELO CAPOGROSSO Plaintiff,

-against-

18 CV 2710 ()David Smart Defendant(s).
X

I, David Smart (print or type your name) am the plaintiff/defendant in the above-entitled case and I hereby request to proceed *in forma pauperis* and without being required to prepay fees or costs or give security. I state that because of my poverty I am unable to pay the costs of said proceeding or give security therefor, and that I believe I am entitled to redress.

1. If you are presently employed, give the name and address of your employer and state the amount of earnings per month.

EXPLORER SECURITY SERVICES 601 W. 51 ST.
NEW YORK, NY 10010. MY PAY STUB ENCLOSED

2. If you are not presently employed, state the date you were last employed and your earnings per month at that time. You must answer this question even if you are incarcerated.

N/A

3. Have you received, within the past twelve months, any money from any source? If so, name the source and the amount of money you received.

NONE

a) Are you receiving any public benefits?

No Yes, \$ _____

b) Do you receive any income from any other source?

No Yes, \$ _____

4. Do you have any money, including money in a checking or savings account? If so, how much?

YES CHECKING ACCOUNT #1900 AT STERLING BANK

5. Do you own any apartment, house or building, stocks, bonds, notes, automobiles or other valuable property? If the answer is yes, describe the property and state its approximate value.

No Yes, \$ _____

6. Do you pay for rent or for a mortgage? If so, how much each month?

No Yes, \$ 779.00 WITH HOUSING (NYC)

7. List the person(s) that you pay money to support and the amount you pay each month.

NONE

8. State any special circumstances which the Court should consider.

I ONLY HAVE ONE INCOME. I AM EXCLUDING
MY TAX RETURNS, DAY STAB AND NYC
HOUSING LEASE.

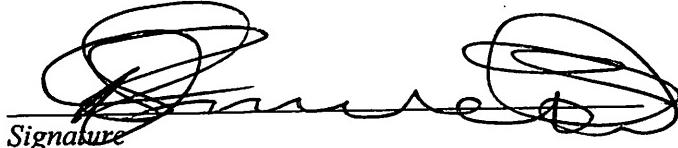
I understand that the Court may dismiss this case if I give a false answer to any question in this declaration.

I understand that if the Court grants this application in a complaint against the Commissioner of Social Security, the pro bono attorney, if successful, has the statutory right to request that the Court award a fee of up to 25% of the accrued Social Security or Supplemental Security Income Benefits. See 42 U.S.C. § 406.

I declare under penalty of perjury that the foregoing is true and correct.

Dated:

7/11/18


Signature

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

X

MARIO CAPOGROSSO Plaintiff,

-against-

AFFIRMATION OF SERVICE

16 CV 2710 ()

DAVID SMART Defendant(s).

X

I, DAVID SMART (print or type your name), declare under penalty of perjury that I have served a copy of the attached Application for the Court to Request Counsel upon the defendant(s) or the attorney for defendant(s) YES

ATTN: PRO SE OFFICE U.S. DISTRICT COURT FOR
whose address is: EASTERN DISTRICT OF NY 225 CADMAN PLAZA EAST
ROM 1185 BROOKLYN, NY 11201
by MALIN
(describe how you served document: For example - personal delivery, mail, overnight express, etc.)

Dated: 7/11/18

Signature

2875 WEST 8th STREET
Address

BROOKLYN, NY 11224
City, State & Zip Code

Explorer Security Services
 601 West 51st Street
 New York, NY 10019
 (212) 246-1040 (212) 246-1362 FAX

Check #: 0000063677
 Check Date: 07/06/2018
 Pay Frequency: Weekly
 Check Dist:

63677

Employee Id: 983

David S Smart
 2355 Batchelder Street, Apt 3E
 Brooklyn, NY 11229

WeekEnd	Customer Name	Pay Unit	Pay Rate	Pay Amount	Ded Description	Ded Amount	Year-to-Date
06/25/2018	NYS - DMV Coney	7.00RG	17.4000	121.80	UD: Union Dues	60.00	420.00
06/26/2018	NYS - DMV Coney	7.00RG	17.4000	121.80	Federal	56.52	1,492.03
06/27/2018	NYS - DMV Coney	7.00RG	17.4000	121.80	Social Security	40.46	1,037.24
06/28/2018	NYS - DMV Coney	8.00RG	17.4000	139.20	Medicare	9.46	242.57
		1.00OT	26.1000	26.10	NY: State	25.16	639.13
06/29/2018	NYS - DMV Coney	7.00RG	17.4000	121.80	NY_NYC: City	16.35	416.03
Pay Description		Pay Unit	Pay Amount	YTD Units	Ytd Pay Amt		
H: Holiday		0.00RG	0.00	28.00	483.70	NY: Disability	0.60
SK: Sick Time		0.00RG	0.00	8.00	139.20	NY: State Misc Tax	0.82
R: Hourly		36.00RG	626.40	892.00	15,506.30		
R: Hourly		1.00OT	26.10	23.00	599.59		

	Reg Hours	Ovt Hours	Dbl Hours	Gross Pay	Non Tax Ded	Tax Ded	Net Pay
This Check:	36.00	1.00	0.00	652.50	60.00	149.37	443.13
Year-to-Date:	928.00	23.00	0.00	16,728.79	420.00	3,863.66	12,445.13